

Mail to: Alabama Department of Industrial Relations
649 Monroe Street
Attn Fund Control Room 5228
Montgomery, Al 36131

DEPARTMENT OF INDUSTRIAL RELATIONS AGREEMENT FOR DIRECT DEPOSIT

Please Print

Name	Claim Date:	Social Security Number:
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☐ **START** I authorize The Department of Relations to make automatic deposit of the full amount of any payments of my weekly unemployment benefits to my:

CHECKING ACCOUNT
(ATTACH VOIDED CHECK)

SAVINGS ACCOUNT
(ATTACH DEPOSIT SLIP)

☐ **STOP** I authorize The Department of Industrial Relations to terminate the automatic deposit of payments of unemployment benefits.

☐ **CHANGE** I authorize The Department of Industrial Relations to change the automatic deposit of payments of unemployment benefits according to the changes shown below.

I understand that The Department of Industrial Relations can automatically deposit unemployment benefits only to a separate or joint banking account under which the name of the above claimant is listed and that the Department will not become involved in any disputes regarding the use of funds deposited into joint accounts.

NAME OF BANK OR FINANCIAL INSTITUTION									
CITY					STATE			ZIP CODE	
BANK ACCOUNT NUMBER					TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS				
ROUTING NUMBER									

This authorization shall remain in effect until The Department of Industrial Relations has received written notification from me to terminate or otherwise change the automatic deposit of my unemployment benefits. Such notification shall be delivered in a timely manner in order to afford The Department of Industrial Relations an opportunity to comply. In no event shall any such termination or change affect any unemployment benefits previously processed by The Department of Industrial Relations for automatic deposit at the time of the notification.

In the event of an error in the automatic deposit of my unemployment benefits to my account, I authorize my named banking institution to correct the error in my account. I also understand that all transactions with my account by The Department of Industrial Relations shall be governed by the Rules of the Automated Clearing House Association.

I also understand that The Department of Industrial Relations is **NOT** responsible for errors in the bank transit routing numbers or in the account number as listed above, and is further **NOT** responsible in the event that the above selected institution is not participating in the Direct Deposit program through the Federal System.

Signature	Date
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IO _____ DATE _____